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Substitute for form 1449A/PTO	COMPLETE IF KNOWN		
	Application Number	10/665,949	
INFORMATION DISCLOSURE	Confirmation Number	6525	
STATEMENT BY APPLICANT	Filing Date	September 18, 2003	
(use as many sheets as necessary)	First Named Inventor	Uwe Schneider	
	Group Art Unit	3762	
	Examiner Name		
SHEET 1 of 1	Attorney Docket Number	9365Q	

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EXAMINER INTIALS*	Cite No.'	DOCUMENT NUMBER Number - Kind Code* (ff known)	Publication Date MM-DD-VVVV	Name of Patentee or Applicant of Citod Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear
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EXAMINER		/Barbara Musser/	<u> </u>	DATE CONSIDERED 3/17/	/06	L

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Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible.

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	Group Art Unit		
0.3003	Examiner Name		
SHEET 1 of 2 DEC 1 0 2003	Attorney Docket Number	9365Q	

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EXAMINER	3	/Barbara Musser/			DATE CONSIDERED 3/	/17/06	_

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